U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:		
·	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name At. Lewis	Name MID ATLANTIC REGIONAL COUNCIL OF CARPENTERS		
	Labor Organization File Number 542-245		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4208 VINE STREET	Street 5701 SILVER HILL ROAD		
City CAPITOL HEIGHTS	City ROBESTUTION		
State Maryland ZIP Code + 4 20743	State Mary Land ZIP Code + 4 20747		
5. Position in labor organization. BUSLINESS REZNY			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name (************************************			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	High the Mid Clark Common and some experience in published an improved high High State. And the Mid State of		
Street	7.b. Amount.		
City City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Man K-Zeiin On 8-805 202-842-9423			
Signed WWW THE	Date Telephone Number		

Name of Person Filing AL LEWIS		number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street St	and the second s		
City The Control of t			
State			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:		Appendix of the second	
P.O. Box, Bldg., Room No., if any			
Street Street	11.b. Approximate dollar value of s	uch dealing.	
City	12.a. Nature of interest held or in	Salata Maring Communication Co	
State ZIP Code + 4		And a second continuous control of the second control of the secon	
		And the second s	
	12.b. Amount.	port of significant consequence of the Conference of the Conferenc	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. FUNDS: PAID ON BEHALF OF BUSINESS AGENT TO ATTEND		
Name JOINT CARPENTRY APPRENTICESHIP COMMITTEE		NGS FOR JOINT CARPENTRY	
Trade Name, if any:		Charles and Charle	
P.O. Box, Bldg., Room No., if any		well and the second sec	
Street 9109 WESTPHALIA ROAD			
City UPPER MARLBORO English State of the best of the b			
State Maryland ZIP Code + 4 20774			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$98	